

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <u>Michelle Burnham</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: TRACY BURNHAM DECORATIVE LANDSCAPING 3231 N MILLCREEK RD PLEASANT GROVE UT 84062		B. Received by (Printed Name) <u>MICHELLE BURNHAM</u> C. Date of Delivery <u>4/5</u>	
2. Article Number (Transfer from service label) <u>7099 3400 0016 8896 1454</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
JB DOGM M/035/023 4/1/05		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
JB DOGM M/035/023 4/1/05	
Postage \$	Penalty Assessment
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Recipient's Name (Please Print Clearly) (to be completed by mailer) <u>TRACY BURNHAM - DECORATIVE LANDSCAPING</u> Street, Apt. No.; or PO Box No. <u>3231 N MILLCREEK RD</u> City, State, ZIP+4 <u>PLEASANT GROVE UT 84062</u>	
PS Form 3800, February 2000 See Reverse for Instructions	

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